State Form: Revisit Report

(Y1)	Provider / Supplier / CLIA / Identification Number N046049	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 1/8/2015
Name	of Facility	,	Street Address, City, State, Zip Code	
BF	RIGHTON GARDENS OF PRAIRIE VILLA	GE	7105 MISSION ROAD	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

Correction Completed ID Prefix ID Prefix Reg. # LSC	(Y5) Date	(Y5)	4) Item	(Y4)	Date	(Y5)	Item	(Y4)	Date	(Y5)		Y4) Item
LSC	Correction Completed 01/08/2015	S0970	ID Prefix		Completed	S0936	ID Prefix		Completed	(S0600	ID Prefix
Correction		26-40-302 (g)(i)(ii)(iii)										
ID Prefix Reg.# Reg.# LSC Reg.# Reg.# Reg.# LSC Reg.# LSC Reg.# LSC Reg.# LSC Reg.# LSC Reg.# LSC Reg.# Reg.# LSC Reg.# Reg.# Reg.# Reg.# Reg.# Reg.# LSC Reg.# Reg.# Reg.# Reg.# LSC Reg.# Reg.#	Correction				Correction				Correction			
Reg. # LSC	Completed		ID Prefix				ID Prefix		Completed			ID Prefix
Completed ID Prefix Reg. # Reg. # LSC LSC			Reg. #				Reg. #					Reg. #
ID Prefix	Correction				Correction				Correction	(
Reg. # LSC Reg. # LSC Reg. # LSC LSC <td>Completed</td> <td></td> <td>ID Prefix</td> <td></td> <td>Completed</td> <td></td> <td>ID Prefix</td> <td></td> <td>Completed</td> <td></td> <td></td> <td>ID Prefix</td>	Completed		ID Prefix		Completed		ID Prefix		Completed			ID Prefix
Completed ID Prefix			Reg. #				Reg. #					Reg. #
ID Prefix	Correction				Correction				Correction	(
Correction Completed ID Prefix Reg. # LSC Reg. # LSC Reviewed By Date: Signature of Surveyor:	Completed		ID Prefix				ID Prefix		Completed			ID Prefix
Completed ID Prefix			-									
Reg. # Reg. # LSC	Correction Completed		ID Prefix		Completed		ID Prefix			(ID Prefix
State Agency Reviewed By — Reviewed By Date: Signature of Surveyor:			Reg. #				Reg.#					Reg. #
State Agency Reviewed By — Reviewed By Date: Signature of Surveyor:												
Reviewed By Date: Signature of Surveyor:	Date:	Date:		ı	yor:	Signature of Surve	e:	Dat	'	Reviewed By	·	Reviewed By
								-				
	Date:	Date:			yor:	Signature of Surve	e:	Dat	′	Reviewed By		_
Followup to Survey Completed on: 12/9/2014 Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO	Uncorrected Deficiencies (CMS-2567) Sent to the Escility?									Followup to	